



110 E. 59TH STREET, FLOOR 23
NEW YORK, NY 10022
TEL: (212) 566-1000

January 23, 2025

Via ECF

Honorable Ronnie Abrams
Honorable Sarah Netburn
Southern District of New York
40 Foley Square
New York, NY 10007-1312

Applications granted.

SO ORDERED.

Ronnie Abrams, U.S.D.J.
January 23, 2025

Re: United States v. Justin Masse
Docket # 24 MJ. 1682(RA)

Dear Judge Abrams and Netburn:

On behalf of Justin Masse, I respectfully make the following two requests.

First, as you know, Mr. Masse suffered a catastrophic fall causing serious injury to his back. As a result, during his treatment for his injury and pain, Mr. Masse has found that cannabis usage - when needed – resulted in a therapeutic and palliative benefit. To that end, Mr. Masse was given an “Official New York State Medical Cannabis Patient Certification” card permitting him to receive cannabis from a licensed medical dispensary.

Office of Cannabis Management
Medical Cannabis Program
OFFICIAL NEW YORK STATE MEDICAL CANNABIS PATIENT CERTIFICATION

Certification Number: PC3-47327325
Issue Date: 01/23/2024
Expiration Date: 01/23/2025

Applying ID: [Barcode]

Please present this document and your government issued photo ID when visiting a dispensary site to purchase medical cannabis products.

Prescriber Information:
Dr. Dawn Moreland
2000 1st Ave, Suite 200 #100
Austin, TX 78701
(512) 440-1000
M.D. Registration: 190877007

Patient Information:
First Name: Justin
Last Name: MASSE
DOB: 10/12/1987
Address: 60-02 130th St
Sunnyside, NY 11104
Phone: (718) 946-1231
Email: jmasse@ptd.com

Dosing Recommendations:
No Pharmacy Dispensing
Dispensing Recommendation:

In the practitioner's report above, please list the following:
 a. The patient's medical condition.
 b. The patient's medical history.
 c. The patient's current and past medical treatments.
 d. The patient's current and past medical treatments.
 e. The patient's current and past medical treatments.

Electronically signed by: DAWN MORELAND on: 01/23/2024

These recommendations are provided as a guide and are not intended to constitute medical advice. The patient should consult with their physician for medical advice. The patient should consult with their physician for medical advice. The patient should consult with their physician for medical advice.

This certification must be provided to the patient, or their caregiver when appropriate. The certified patient and their designated caregiver will need this certification when purchasing medical cannabis products from a registered dispensary.

Information on using designated caregivers is available on the Office of Cannabis Management website at: <https://ocm.ny.gov>

Questions? Contact the Medical Cannabis Program by emailing medicalcannabis@ocm.ny.gov or calling 1-800-801-1000.

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I have also attached this certification as an exhibit to this letter. Although, Mr. Masse attempts to use the cannabis sparingly, on occasion, he has tested positive in connection with a urinalysis conducted by Pre Trial-Services (PTS). Given Mr. Masse's fixed and purposeful use of cannabis, it is requested that PTS conduct its urinalysis for all controlled substances except cannabis.

Our second request is that the Court permit Mr. Masse to travel to Paramus, New Jersey on Saturday, March 1, 2025, to attend his son's birthday party. He intends to return home to New York the same day.

Thank you both for your consideration.

Very Truly Yours,

SULLIVAN|BRILL, LLP
Attorneys for Mr. Masse

A handwritten signature in black ink, appearing to read "Steven Brill", written in a cursive style.


By: Steven Brill



Office of Cannabis Management

Medical Cannabis Program

OFFICIAL NEW YORK STATE MEDICAL CANNABIS PATIENT CERTIFICATION

Certification Number PC3-47027525		Issue Date: 05/03/2024 Expiration Date: 05/03/2025	
Registry ID:  47027526		Please present this document and your government issued photo ID when visiting a dispensing site to purchase medical cannabis product(s).	
Practitioner Information			
Gavin Moreland 3300 Bee Cave Rd, Suite 650 #1105 Austin, TX 78746 (972) 646-0653 DEA Registration: FM0873922			
Patient Information			
First Name: Justin Last Name: 1925082 DOB: 10/12/1997 Address: 93-30 210th Pl Queens Village, NY 11428 Phone: (929) 996-2251 Email: jmasse40@gmail.com			
Dosing Recommendations			
Per Pharmacist Consultation		<u>Recommendations/Limitations:</u>	

As the practitioner named above, I attest to the following:

- I am caring for this patient's condition;
- By training and/or experience, I am qualified to treat the condition as documented in the patient's medical record;
- In my professional opinion and based on my review of past treatments, the patient named above is likely to receive therapeutic or palliative benefit from the primary or adjunctive treatment with medical cannabis for the condition;
- This certification will be provided to the patient and a copy of this certification will be included in the patient's medical record.

Electronically signed by: GAVIN MORELAND on: 05/03/2024

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO PENAL LAW § 210.45. ISSUANCE OF A CERTIFICATION WHEN (i) THE RECIPIENT HAS NO MEDICAL NEED FOR IT, OR (ii) IT IS FOR A PURPOSE OTHER THAN A CERTIFIED MEDICAL USE AS DEFINED IN THE CANNABIS LAW IS PUNISHABLE AS A CLASS E FELONY PURSUANT TO PENAL LAW § 179.10.

This certification must be provided to the patient, or their caregiver where appropriate. The certified patient and their designated caregiver(s) will need this certification when purchasing medical cannabis products from a registered organization's dispensing site.

Instructions on adding designated caregivers are available on the Office of Cannabis Management website at: www.cannabis.ny.gov.